

**SOUTHWEST GAS CORPORATION****NOTICE AND APPLICATION FOR CALIFORNIA****ALTERNATE RATES FOR ENERGY (CARE) PROGRAM**

To apply for a 20% discount at your residence, please complete this application and mail it to your utility. You will receive the discount on the next bill after the utility receives and approves your completed and signed application.

INCOME REQUIREMENTS (Effective 06/01/2002)	
Number of Persons Living in My Home	Total Combined Income from ALL Sources
1 or 2	\$22,600
3	26,600
4	32,000
5	37,400
6	42,800
7	48,200
For each additional person, add \$5,400	

WHAT ARE THE QUALIFICATIONS?

To qualify for the discount I understand:

- The energy utility bill will be in my name.
- I may not be claimed as a dependent on another person's tax return.
- My total annual income cannot exceed the chart above. *Total income means the gross income of ALL persons living in my home.*
- I will reapply each time I move.
- I will renew my application every two (2) years, or sooner if requested.
- I will renew my application every year if I am a submetered tenant, or sooner if requested.
- I will notify the utility within 30 days when I become ineligible for CARE.
- I will provide verification of my household income, if requested.

I understand that for this program, "gross household income" means all money and non-cash benefits, available for living expenses, from all sources, both taxable and non-taxable, before deductions for all people who live in my home. This includes, but is not limited to: wages, salaries and commissions; income from self-employment and all employment-related, non-cash income; child and/or spousal support; interest or dividends from savings accounts, stocks and bonds, or retirement accounts such as IRA and 401K accounts; gains realized from the sale of assets; stocks; bonds; business or rental income; support from family or friends; cash gifts; lottery winnings; tax refunds and money from insurance policies or legal settlements; Social Security; retirement, veterans, disability or unemployment benefits and workers' compensation; Temporary Assistance to Needy Families (TANF, formerly AFDC); supplemental security income (SSI); supplemental security payments (SSP); cash public assistance; food stamps and free housing or utilities; and school grants, loans, scholarships, or other aid. Income from self-employment to determine eligibility for this program shall include the net business income shown on Internal Revenue Service Form 1040, Schedule C, Line 29. Proof of income acceptable to the utility will be provided when requested.

I understand that upon enrollment in this program and for periodically re-certifying my continued eligibility for the program discount, the utility may verify my eligibility to participate in the program; if ineligibility is established, I will be removed from the program and may be billed for previous discounts which I should not have received.

APPLICATION INFORMATION (please type or print):

Applicant Name - Source Code (Outreach Agency Only)

☐ I am a primary residential customer of Southwest Gas Corporation (Southwest Gas)

Southwest Gas Account Number

☐ OR a submetered tenant of a mobile home park or apartment complex

Master-Metered Account Number

Electric Company

Electric Company Account Number

Service Address City ZIP

Mailing Address City ZIP

(if different from service address)

Telephone No. (home) Telephone No. (work)

Number of People Living in Household

Gross Annual Income of Household

By signing below, I certify under penalty of perjury that this information is true and correct under the laws of the state of California. I will provide proof of income upon request and I will notify my energy utility of any changes that affect my eligibility. I understand that this information may be shared with my other energy utility, if applicable.

Customer Signature Date Signed

FOR SOUTHWEST GAS CORPORATION USE ONLY		
Date Received <input type="text"/>	Date Verified/By <input type="text"/>	Date Effective <input type="text"/>